PRINTED: 03/25/2011 DEPARTMENT OF HEALTH AND H N SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445148 03/22/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2733 MCCAMPBELL ROAD **DONELSON PLACE CARE & REHABILITATION CENTER** NASHVILLE, TN 37214 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY** K 018 NFPA 101 LIFE SAFETY CODE STANDARD K 018 The facility will maintain corridor SS=F doors, making sure there are no Doors protecting corridor openings in other than impediments to the closing of doors. required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as Corrective actions for areas affected: those constructed of 1% inch solid-bonded core Impediments to the closing of the staff wood, or capable of resisting fire for at least 20 break room, the short hall B wing ice minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is room and B wing soiled utility room no impediment to the closing of the doors. Doors doors were removed by Maintenance are provided with a means suitable for keeping personnel on March 22, 2011. the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Other areas having the potential to be affected and corrective action: Roller latches are prohibited by CMS regulations A facility wide assessment of all doors in all health care facilities. was conducted by Maintenance personnel on 3/22/2011, no other doors were identified. Measures to ensure practice does not recur: Maintenance Director will monitor all doors for compliance of this regulation through monthly fire drills and This STANDARD is not met as evidenced by: quarterly audits. In-service will be Based on observations it was determined the provided by Administrator to all staff facility failed to maintain the corridor doors. regarding not propping doors on April The findings include: 8, 2011. Observation of the kitchen dry storage room, the Corrective action will be monitored staff break room, the short hall B wing ice room and the B wing soiled utility room revealed the Maintenance Director will perform doors were being held open with pegs. National monthly inspections throughout facility Fire Protection Association (NFPA) 101, 7.2.1.8. to ensure compliance with this regulation. Findings will be logged on These findings were acknowledged by the QA inspection log and will be reviewed Administrator and verified by the Director of Maintenance at the exit conference on 3/22/11. LABORATORY DIRECTOR'S OR PROVIDER/SURPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

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Event ID: iBOH21

Facility ID: TN1911

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DEPARTMENT OF HEALTH AND HU IN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER  DONELSON PLACE CARE & REHABILITATION CENTER			2	REET ADDRESS, CITY, STATE, ZIP CO 2733 MCCAMPBELL ROAD NASHVILLE, TN 37214		10 c	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
K 029 SS=D	One hour fire rated fire-rated doors) or extinguishing syste and/or 19.3.5.4 pro the approved autor option is used, the other spaces by sm doors. Doors are sfield-applied protect 48 inches from the permitted. 19.3.2	s not met as evidenced by: ions it was determined the ntain the hazardous areas.	K 029	in monthly QA/PI meetings Administrator. The facility will maintain the areas as required.  Corrective action for area on March 22, 2011, peg was by Maintenance personnel the holding door open.  Other areas that have the be affected and corrective 100% inspection of all door hazardous areas was conducted Maintenance Director on M 2011. In-service will be pro-Administrator to all staff reg propping doors on April 8, 2	ne hazardous as affected: as removed from  potential to actions: as protecting ated by arch 22, vided by garding not	4/8/11	
K 038 SS=D	Observation of the AM, revealed the depeg. National Fire F 101, 19.3.2.1  This finding was ac Administrator and v Maintenance at the NFPA 101 LIFE SA Exit access is arrangement.	laundry on 3/22/11 at 10:00 oor was being held open with a Protection Association (NFPA)		Measures to ensure practice recur:  Maintenance personnel will protecting hazardous areas to monthly environmental round.  Corrective action will be resulted by:  Maintenance Director will possible monthly inspections through to ensure compliance with the regulation. Findings will be QA inspection log and will be in monthly QA/PI meeting be Administrator.	monitor all hrough ds.  conitored  erform out facility is logged on er reviewed		

DEPARTMENT OF HEALTH AND HU AN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445148 03/22/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2733 MCCAMPBELL ROAD DONELSON PLACE CARE & REHABILITATION CENTER NASHVILLE, TN 37214 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) K 038 Continued From page 2 The facility will maintain exits as required. K 038 Corrective action of areas affected: This STANDARD is not met as evidenced by: On March 22, 2011, all deadbolt locks to kitchen Based on observations it was determined the doors were made inoperable by the Maintenance facility failed to maintain the exits. Other areas that have the potential to be affected The findings include: and corrective action: 100% inspection of all exit doors was conducted by Maintenance Director on March 22, 2011. In-service Observation of the kitchen on 3/22/11 at 9:55 AM, will be provided by Administrator and Maintenance revealed double locks were installed on the 3 exit Director to all staff on April 8, 2011. doors. National Fire Protection Association (NFPA) 101, 7.2.1.5.4 Measures to ensure practice does not recur: Maintenance personnel will monitor all exit doors for compliance of this regulation through monthly This finding was acknowledged by the environmental rounds. Administrator and verified by the Director of Maintenance at the exit conference on 3/22/11. Corrective action will be monitored by: Maintenance Director will perform monthly K 050 NFPA 101 LIFE SAFETY CODE STANDARD K 050 inspections throughout facility to ensure compliance SS=D with this regulation. Findings will be logged on QA Fire drills are held at unexpected times under inspection log and will be reviewed in monthly QA/PI varying conditions, at least quarterly on each shift. meeting by Administrator. The staff is familiar with procedures and is aware that drills are part of established routine. 4/9/11 The facility will continue to provide training and Responsibility for planning and conducting drills is practice opportunities to all staff in proper response for assigned only to competent persons who are fire drills. qualified to exercise leadership. Where drills are Corrective response for areas affected: conducted between 9 PM and 6 AM a coded New associate who was trained but failed to announcement may be used instead of audible appropriately respond to fire drill was re-educated by alarms. 19.7.1.2 Maintenance personnel on proper response on March 22, 2011. Other areas that have the potential to be affected corrective action: This STANDARD is not met as evidenced by: A fire drill was conducted on March 30, 2011, by Based on observations it was determined the Administrator and Maintenance Director during first shift to test and re-educate all associates, including facility failed the fire drill. new orientees, on proper policy, announcing of code red, specifying of location, closing of room doors and The findings include: activating of fire alarm system. In addition, all staff meetings conducted by Administrator and Maintenance Director will be held on April 8, 2011, to Observation during the fire drill on 3/22/11 at review fire drill policy and procedures. 10:25 AM, revealed the staff did not announce code red, the location of the fire, close the room Measures to ensure practice does not recur:

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NAME OF PROVIDER OR SUPPLIER  DONELSON PLACE CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2733 MCCAMPBELL ROAD NASHVILLE, TN 37214				
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K 062 SS=D K 064 SS=D	National Fire Protect 19.2.3  This finding was acl Administrator and was Maintenance at the NFPA 101 LIFE SAI Required automatic continuously maintal condition and are in periodically. 19.7. 25, 9.7.5  This STANDARD is Based on observation facility failed to main The findings include Observation of the significant o	ctivate the fire alarm system.  ction Association (NFPA) 101,  cnowledged by the erified by the Director of exit conference on 3/22/11. FETY CODE STANDARD  sprinkler systems are ined in reliable operating spected and tested 6, 4.6.12, NFPA 13, NFPA  onot met as evidenced by: ons it was determined the itain the sprinkler system.  thort hall storage room on revealed boxes stored he sprinkler. National Fire on (NFPA) 13, 5.5.6  nowledged by the erified by the Director of exit conference on 3/22/11. ETY CODE STANDARD  shers are provided in all cies in accordance with	K 062	to ensure of Corrective Maintenance of Maintenance	ce personnel will conduct monthly compliance with this regulation.  e action will be monitored by: ce Director will review employed mess during monthly fire drills to be with this regulation. Any idential be reported and reviewed at metings by Administrator.  y will maintain the sprinkler system the properties of the system were removed March 22, 20 ce personnel.  as that have the potential to be active action: cettion of entire facility was conducted by Administrator and the Director will be held on April 8 drill policy and procedures.  To ensure practice does not recurse the personnel will perform monthly throughout the facility to ensure with this regulation.  action will be monitored by: the Director will perform monthly throughout facility to ensure compliance of the properties of the properties of the properties of the personnel will perform monthly throughout facility to ensure compliance of the properties of the properties of the properties of the properties of the personnel will be logged and QA/PI meeting by Administrator.	ensure ified onthly  em.  the 011 by  affected acted for 011, by identified staff 8, 2011, to  ar: y	4/8/11
				Mark Market		20	

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DEPARTMENT OF HEALTH AND HL ... N SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION  NG 01 - MAIN BUILDING 0	COMPL	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER  DONELSON PLACE CARE & REHABILITATION CENTER			2	REET ADDRESS, CITY, STATE, Z 1733 MCCAMPBELL ROAD NASHVILLE, TN 37214			
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	Based on observate facility failed to man accordance with specifications. 19.5.2.2  Based on observation of the AM, revealed the finding was a Administrator and was a Adminis	is not met as evidenced by: tions, it was determined the tintain the fire extinguishers.  de: front lobby on 3/22/11 at 9:50 ire extinguisher was blocked ational Fire Protection A) 10, 1.6./3 acknowledged by the verified by the Director of e exit conference on 3/22/11. AFETY CODE STANDARD g, and air conditioning comply of section 9.2 and are installed the manufacturer's 9.5.2.1, 9.2, NFPA 90A,  is not met as evidenced by: tions it was determined the intain the heating, ventilating	K 064	The facility will maintain extinguishers.  Corrective action for are Equipment was immediate Maintenance Director from extinguishers on March 22  Other areas having the paffected and corrective as 100% inspection of all are extinguishers was conduct 2011, revealing no other be extinguishers.  Measures to ensure pracrecur:	the fire  eas affected: ely removed by in blocking fire 2, 2011.  potential to be actions: as in from of fire ed on March 22, locked fire  tice does not  ucted by the on April 8, tance of not inguishers and  be monitored  perform monthly facility to ensure ation. Findings ection log and	4/8/11	
	3/22/11 at 10:15 AM	short hall soiled utility room on M, revealed the exhaust fan did Fire protection Association	6 ·	K067 The facility will maintain the ventilating and air conditions		4(8)(1	

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K 067 K 147 SS=E	Administrator and Maintenance at the NFPA 101 LIFE S	page 5 acknowledged by the verified by the Director of the exit conference on 3/22/11. AFETY CODE STANDARD and equipment is in accordance ational Electrical Code. 9.1.2	K 067	Other areas corrective a 100% inspec facility was March 22-24	action for the areas affected: biled utility room exhaust fan was 3, 2011, by Maintenance personn 5 having the potential to be affections: ction of all exhaust fans throughe conducted by Maintenance perso 4, 2001. No other exhaust fans w needing repair.	ected and	
	Based on observation of facility failed to co.  The findings inclu  (1) Observation of the short hall B wire room, and A wing broken light cover Association (NFP).  (2) Observation of 3/22/11 at 10:05 A adapter being use Association (NFP).  These findings we Administrator and	f the kitchen dry storage room, ng ice room, B wing soiled utility nurses station, revealed s. National Fire Protection A 70, 110-12 the washer laundry room on M, revealed a multiple plug d. National Fire Protection		Maintenance monthly to e  The correct Maintenance inspections to compliance logged on Quanthly QA.  K147 The facility vanishing the facility vanishing of the facility vanishing vanish	pensure practice does not recur- personnel will inspect all exhau- nsure compliance with this regul- ive action will be monitored by Director will perform monthly hroughout the facility to ensure with this regulation. Findings wi A inspection log and will be revi- (PI meeting by Administrator.  will comply with all electrical co- ction for areas affected: roken light covers were replaced arch 22, 2011by Maintenance pe ultiple plug adapter was removed e on March 22, 2011 by Mainten resonnel.  having the potential to be affected inspection of light covers and adapters was conducted by Main oughout facility on March 22, 20 other findings.  ensure practice does not recur- personnel will inspect for compli- ough weekly rounds and monthly ensure compliance with this reg- be logged and reviewed at month g by Administrator.	st fans ation.  : !! be ewed in  des. on trisonnel. d from nance  ted: use of ttenance 011, ance of	4/8/11